

BILL ANALYSIS

Senate Research Center

C.S.S.B. 270
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Health & Human Services
4/6/2011
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Two to three newborns are diagnosed with hearing loss or deafness daily in Texas, making it the most common condition among newborns in the state. If a newborn's hearing is impaired during the initial stages of development, language and learning potential could be severely hindered. Therefore, 100 percent testing for all new newborns in every facility is critical, as is establishing a standard and accountable follow-up method of care.

Under current law, certain birthing facilities, through a program certified by the Texas Department of State Health Services, are required to offer a hearing screening to the parents of a newborn. If a screening test shows abnormal results, follow-up care is directed and coordinated by the newborn's physician or health care provider. However, there is a lack of accountability and coordination to ensure that follow-up care is provided, and a newborn will not always receive the necessary services in a timely manner.

C.S.S.B. 270 requires that all birthing facilities perform a hearing screening on each newborn at the facility before discharge. This bill also sets up guidelines for follow-up care and intervention services after a newborn's screening test shows abnormal results.

C.S.S.B. 270 amends current law relating to newborn hearing screenings.

[**Note:** While the statutory reference in this bill is to the Texas Department of Health (TDH), the following amendments affect the Department of State Health Services, as the successor agency to TDH.]

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 8 (Section 47.010, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 47.001(2), Health and Safety Code, to redefine "birthing facility."

SECTION 2. Amends Section 47.003, Health and Safety Code, by amending Subsections (a), (c), and (e) and by adding Subsection (f), as follows:

(a) Requires a birthing facility, through a program certified by the Texas Department of Health (TDH), to perform, rather than to offer the parents of a newborn, a hearing screening on each newborn born at the facility for the identification of hearing loss before the newborn is discharged from the facility unless the parent declines. Requires the birthing facility to inform the parents during the birth admission that the facility is required by law to screen the newborn for hearing loss, and that the parents may decline the screening. Deletes existing text requiring the parents to be informed that information may be provided to TDH upon their written consent.

(c) Requires, rather than authorizes, TDH, subject to Section 47.008 (Confidentiality and General Access to Data), to maintain data and information on each newborn who receives services under the program.

(d) Makes no changes to this subsection.

(e) Requires TDH to ensure that the intervention described by Subsection (d) (relating to intervention availability and management) is available for a newborn identified as having hearing loss not later than the sixth month after the newborn's birth and through the time the child is an infant.

(f) Requires an intervention specialist, if a newborn receives intervention services described by Subsection (d), to report the results of the intervention under Section 47.007(b) (relating to accessing the information management, reporting, and tracking system by an intervention specialist).

SECTION 3. Amends Chapter 47, Health and Safety Code, by adding Section 47.0031, as follows:

Sec. 47.0031. FOLLOW UP SCREENING. (a) Requires that the program that performed the hearing screening under Section 47.003 (Newborn Hearing Screening, Tracking, and Intervention Program) provide the newborn's parents with the screening results. Requires a birthing facility, through the program, to offer or refer to the parents of a newborn with abnormal screening results, a follow-up hearing screening. Provides that the follow-up hearing screening should be performed not later than the 30th day after the newborn is discharged from the facility.

(b) Requires that the program that performed the follow-up hearing screening on the newborn or infant, if a newborn or an infant has abnormal screening results in a follow-up hearing screening, provide the newborn's or infant's parents with the screening results; schedule, or refer, a diagnostic audiological evaluation for the newborn or infant; and refer the newborn or infant to early childhood intervention services.

SECTION 4. Amends Chapter 47, Health and Safety Code, by adding Section 47.011, as follows:

Sec. 47.011. DUTIES OF A MIDWIFE. (a) Defines, in this section, "midwife."

(b) Requires a midwife who attends the birth of a newborn to refer the mother to a birthing facility or a provider that performs a hearing screening in accordance with this chapter.

SECTION 5. Amends Section 47.004(b), Health and Safety Code, to require that a program, in order to be certified, meet certain criteria, including that it be supervised by a physician, physician assistant, audiologist, or registered nurse.

SECTION 6. Amends Section 47.005, Health and Safety Code, by amending Subsections (b) and (c) and by adding Subsection (d), as follows:

(b) Requires a birthing facility that operated a program to report screening results to the parents, the newborn's attending physician, primary care physician or health care provider, and TDH.

(c) Requires the department responsible for early childhood intervention services and the infant's physician or health care provider to coordinate the diagnostic audiological evaluation required under Section 47.0031(c)(2) (referring to scheduling a diagnostic examination for a newborn or infant) and any appropriate and necessary follow-up care for the infant. Requires that a diagnostic audiological evaluation be completed on the

infant not later than the third month after the infant's birth unless the infant has been hospitalized since birth.

(d) Requires an audiologist who performs a diagnostic audiological evaluation under this chapter to report the results of the examination to the parents, the newborn's attending physician or health care provider, and primary care physician under Section 47.007(b).

SECTION 7. Amends Section 47.007(b), Health and Safety Code, as follows:

(b) Requires a qualified hearing screening provider, hospital, health care provider, physician, audiologist, or intervention specialist to access the information management, reporting, and tracking system to provide information to TDH and authorizes a qualified hearing screening provider, hospital, health care provider, physician, audiologist, or intervention specialist to obtain certain information from TDH, including the results of each hearing screening performed under Section 47.003(a) or 47.0031(a) and the results of each diagnostic examination required under Section 47.0031(c)(2).

SECTION 8. Amends Chapter 47, Health and Safety Code, by adding Sections 47.010 and 47.011 [sic], as follows:

Sec. 47.010. RULEMAKING. Requires the executive commissioner of the Health and Human Services Commission (executive commissioner), not later than January 1, 2012, to adopt rules based on the guidelines established by Joint Committee on Infant Hearing as they relate to the hearing screening, audiological evaluation, or intervention as necessary to implement this chapter.

SECTION 9. Requires the executive commissioner, not later than January 1, 2012, to adopt a form to document a parent's decision to decline screening as necessary to implement Sec. 47.003(a)(2), Health and Safety Code, as added by this Act. Authorizes that the form be posted on TDH's website.

SECTION 10. Repealer: Section 47.002 (Applicability of Chapter), Health and Safety Code.

SECTION 11. Effective date: September 1, 2011.